



WISEWOMAN

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**Success Story 5** WISEWOMAN and Alaska Native Partners Build Support for Nicotine Dependence Treatment

**Location** Rural Southeastern Alaska

**Focus** Encourage health care providers to consider nicotine dependence as a treatable health condition worthy of funding by the Alaska health care system.

**Strategy** After developing a standardized nicotine dependence treatment program, the SouthEast Alaska Regional Health Consortium (SEARHC) partnered with other Alaska Native health organizations to document both the need for a treatment program and its effectiveness.

**Early Successes** The new treatment program, called "Breath for Life," has earned recognition from SEARHC's executive management. By collaborating with other Alaska Native health organizations, SEARHC hopes to demonstrate the value of the program to the Alaska Tobacco Control Program and potential funders. The program is still in its infancy. Data will be analyzed in spring 2005, and an analysis of quit rates, quit attempts, staffing used, and the reach of the program will be done.

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# WISEWOMAN and Alaska Native Partners Build Support for Nicotine Dependence Treatment

Forty percent of Native women living in the Alaska panhandle use tobacco. Although the U.S. Department of Health and Human Services considers tobacco dependence a chronic condition, unlike hypertension, it is not eligible for reimbursement by most public and private insurance. Lack of payment is one reason that the SouthEast Alaska Regional Health Consortium's (SEARHC) WISEWOMAN project did not have a nicotine dependence treatment program before 2000. WISEWOMAN Director Nancy Knapp worked with other advocates within SEARHC and within the state of Alaska to establish a standardized treatment program. Now SEARHC is working with other Alaska Native health organizations to document the need for such a program and its effectiveness. Her goal is to secure future ongoing funding for the program.

Nancy believed it was critical for SEARHC to strengthen its ability to address tobacco use. She wanted to set a precedent for providing this service at the clinic level and ensure that all WISEWOMAN staff received the training and the time to start offering support for tobacco users. Then SEARHC Community Health Services staff applied to the American Legacy Foundation (ALF) for a capacity-building grant that funded a full-time staff person to further integrate nicotine dependence treatment into SEARHC clinic practice. With a staff person to analyze the complex health care systems involved, facilitate referrals and the provision of pharmaceuticals, flag charts, and integrate the necessary forms, SEARHC was able to start a quit tobacco program called "Breath for Life." Soon after SEARHC applied for the ALF grant, they applied for state Master Settlement Agreement (MSA) funds to hire a part-time nicotine dependence treatment specialist to augment the services offered by WISEWOMAN. The funds covered staff costs and connected the WISEWOMAN program with other Alaska Native health organizations that had received MSA funds.

To receive additional funding for the quit tobacco program, good data would be needed to prove the program's effectiveness. SEARHC partnered with the Alaska Native Tribal Health Consortium, Yukon-Kuskokwim Health Corporation, Bristol Bay Area Health Consortium, Kodiak Area Native Association, Tanana Chiefs, and Southcentral Foundation to analyze the costs and benefits of establishing a nicotine dependence treatment program.

The Tribal Health Consortium coordinated the group's efforts. The organizations together created educational materials that were appropriate for the Alaska Native population, standardized data collection forms, and developed a database to track each organization's efforts to help their clients quit using tobacco. After analyzing the data in spring 2005, consortium staff will deliver an analysis of quit rates, quit

attempts, staffing used, and the reach of each program. The organizations will use these results to justify the need for nicotine dependence treatment and to document the success of their efforts. "By standardizing our data and using this database, we can give our program more credibility," Nancy says. "The collaboration is helping us prove the value of nicotine dependence treatment. We can all use the data to demonstrate to legislators and other funders that we're making good use of their money."



This mother dons Tlingit tribal regalia to show her support for raising tobacco-free children—a tribal tradition that is important in Sitka, Alaska.

Nancy and other SEARHC advocates for the program will use the data to reach SEARHC management, the Alaska Tobacco Control Alliance, and funders such as the American Legacy Foundation. "We will need support from all of them to help us sustain and expand these programs," she says. The program has received some funding for medications. "Right now we do not receive reimbursement from Alaska Medicaid for tobacco treatment, but we hope to soon. We want to legitimize nicotine dependence treatment so that it is reimbursed

the same way other medical treatments, such as those for hypertension, are reimbursed."

## Importance of Success

By building partnerships between WISEWOMAN and other community health services, Nancy has made great progress in legitimizing nicotine dependence as a treatable condition, worthy of funding by the Alaska health care system. The quit tobacco program has earned recognition from SEARHC. The organization's executive management recently awarded recurring funding for nicotine replacement therapy and will consider fully funding a comprehensive program to treat nicotine dependence. The program is expected to cost the organization about \$300,000 per year.

## Lessons Learned

- Collect and use data to demonstrate the value of your programs and convince health care administrators to commit resources to these programs. Create partnerships with organizations willing to standardize data collection methods and share numbers. This can strengthen evidence that cessation programs are necessary and effective.
- Be realistic about how resources are allocated in the health care system. Often it takes many people speaking with one voice to get funding for nicotine dependence treatment programs.
- Work with other organizations that want to help citizens live tobacco free to identify and deliver consistent messages. It may strengthen and reinforce your key messages.